

**For each statement below, circle the number to the right that best fits the extent to which you agree.**

**Use the rating scale to select the quality number.**

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| Name: |
| New volunteer to the CCS Scheme |
| Date: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Community Credits New Volunteer Wellbeing Audit | | Scale | | | | | | | | | | | | |
| Disagree | | | | | 🡪 | | | | Agree | | |  |
| **I am busy most days** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |
| **I have friends and meet up with them regularly** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |
| **I would like to learn new skills** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |
| **I feel healthy and energetic** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |
| **I am happy with my weight** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |
| **I regularly eat fresh food which I cook myself or with someone** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |
| **I feel I have enough to do** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |
| **I am supported by family/staff** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |
| **I would like more voluntary work** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |
| **I feel that people understand the problems I face** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |
| **I am able to use public transport on my own** | ☹ | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | | 9 | 10 | ☺ |

**Further Comments / Remarks:**

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